

Please type a plus sign (+) inside this box +

PTO/SB/21 (08-00)

Approved for use through 10/31/02. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

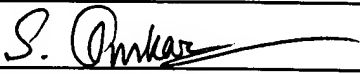
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"><div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">O I P E</div><div style="text-align: center;"><div style="font-size: 2em; font-weight: bold;">TRANSMITTAL</div><div style="font-size: 2em; font-weight: bold;">FORM</div><div style="font-size: 0.8em; margin-top: 5px;">MAR 07 2005</div><div style="font-size: 0.8em; margin-top: 5px;">PATENT & TRADEMARK OFFICE</div></div></div> <p style="font-size: 0.8em; margin-top: 10px;">Do not be used for all correspondence after initial filing)</p>	Application Number	10/722,724	
	Filing Date	November 25, 2003	
	First Inventor	Peter G. Borden	
	Confirmation No.	7346	
	Group Art Unit	2877	
	Examiner Name	Rosenberger	
Total Number Of Pages In This Submission	5	Attorney Docket No.	BOX004-1C US

ENCLOSURES (check all that apply)

<p><input checked="" type="checkbox"/> Issue Fee Transmittal Form: -- PTOL-85B (1 page)</p> <p><input checked="" type="checkbox"/> Fee Attached --Check for \$1700 (1 page)</p> <p><input type="checkbox"/> Amendment / Reply</p> <p><input type="checkbox"/> After Final</p> <p><input type="checkbox"/> Affidavits/declarations</p> <p><input type="checkbox"/> Extension of Time Request</p> <p><input type="checkbox"/> Express Abandonment Request</p> <p><input type="checkbox"/> Information Disclosure Statement</p> <p><input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p><input type="checkbox"/> This is a Response to Missing Parts/ Incomplete Application under 37 CFR 1.52 or 1.53</p> <p><input type="checkbox"/> Copy of Notice To File Missing Parts (2 pages)</p>	<p><input type="checkbox"/> Assignment Papers (for an Application)</p> <p><input type="checkbox"/> Drawing(s)</p> <p><input type="checkbox"/> Licensing-related Papers</p> <p><input type="checkbox"/> Petition</p> <p><input type="checkbox"/> Petition to Convert to a Provisional Application</p> <p><input type="checkbox"/> Power of Attorney, Revocation of Previous Powers; And Statement Under 37 CFR 3.73(b)</p> <p><input checked="" type="checkbox"/> Terminal Disclaimer (1 page) and Check for \$130 (1 page)</p> <p><input type="checkbox"/> Request for Refund</p> <p><input type="checkbox"/> CD, Number of CD(s) _____</p>	<p><input type="checkbox"/> After Allowance Communication to Group</p> <p><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</p> <p><input type="checkbox"/> Proprietary Information</p> <p><input type="checkbox"/> Status Letter</p> <p><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):</p> <p style="text-align: center; font-weight: bold;">RETURN RECEIPT POSTCARD</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">Remarks</td><td>Please enter the attached Terminal Disclaimer prior to issuance. Please charge Deposit Account 50-2263 for any underpaid fee.</td></tr></table>			Remarks	Please enter the attached Terminal Disclaimer prior to issuance. Please charge Deposit Account 50-2263 for any underpaid fee.
Remarks	Please enter the attached Terminal Disclaimer prior to issuance. Please charge Deposit Account 50-2263 for any underpaid fee.			

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Omkar K. Suryadevara (Reg. No. 36,320) Silicon Valley Patent Group LLP 2350 Mission College Boulevard, Suite 360 Santa Clara, California 95054
Signature	
Date	March 7, 2005

EXPRESS MAIL LABEL NO. EV 581 856 253 US

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Arlington, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450.